FORM 1	STATEMENT OF	2005		
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL INTERESTS	S		
LAST NAME FIRST NAME MIDDLE NO MC GOVERN.	Nohn Edward Jr. Ford	–		
MAILING ADDRESS: P.O. Box 18	91			
		ID Code		
	19: COUNTY: 33971 LEC	ID No. X/OL		
NAME OF AGENCY:	Joric Preservation Board	Conf. Code		
NAME OF OFFICE OR POSITION HELD OF OFFICE OR POSITION HELD OFFICE OR POSITION HELD OF THE POS	1 COO SIT :	P. Req. Code		
CHECK ONLY IF CANDIDATE OR		# # PDF 200 <b>5</b>		
DECEMBER 31, 2005  MANNER OF CALCULATING REPORTAB THE LEGISLATURE ALLOWS FILERS TI	HE OPTION OF USING REPORTING THRESHOLDS THAT	THER BASED ON A CALENDAR YEAR OR ON (YEAR ENDING EITHER (check one):  THE CALENDAR YEAR:  ARE ABSOLUTE DOLLAR VALUES, WHICH		
	USING COMPARATIVE THRESHOLDS, WHICH ARE USUA ATE BELOW WHETHER THIS STATEMENT REFLECTS EITHE HRESHOLDS <u>OR</u>			
PART A PRIMARY SOURCES OF INCO  NAME OF SOURCE  OF INCOME	ME [Major sources of income to the reporting person] SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY		
Wildman Harrold Allen & Disan	225 W. Wacker Dr. Chicago, IL 60606	Law girm		
401 K Diskibution	n Fidelity Investments	Trustee		
Social Security Admin	n. Washington, D.C.	Government agence		
	ICOME [Major customers, clients, and other sources of income AME OF MAJOR SOURCES ADDRESS OF BUSINESS' INCOME OF SOURCE	to businesses owned by the reporting person]  PRINCIPAL BUSINESS  ACTIVITY OF SOURCE		
Non	<u>e</u>			
PART C REAL PROPERTY [Land, build	FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.			
Nona other residence	INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.			
		OTHER FORMS you may need to		

PART D — INTANGIBLE PERSO TYPE OF INTANGI			leposit, etc.] NESS ENTITY TO V	VHICH THE PROF	PERTY RELATES		
Common stoc	·K	Exxon	Mobil	Corpa	mation		
						·	
PART E — LIABILITIES [Major d	lehts]						
NAME OF CREDITOR		ADDRESS OF CREDITOR					
Northern 7	rust Co.	FY. M	yers, F	lorida			
Northern 7 (home more	1929e)		, , , , , , , , , , , , , , , , , , ,				
	, ,						
						Ž	
PART F - INTERESTS IN SPECI	FIED BUSINESSES [Ownersh	ip or positions in ce	rtain types of busines	ses]		Ħ	
	BUSINESS ENTITY # 1		BUSINESS ENTITY	#2	BUSINESS ENTITY # 3	MAY26#1329	
NAME OF BUSINESS ENTITY						_ <u>_</u>	
ADDRESS OF BUSINESS ENTITY	None						
PRINCIPAL BUSINESS ACTIVITY							
POSITION HELD WITH ENTITY						8	
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS						S	
NATURE OF MY OWNERSHIP INTEREST							
IE ANV OF DADTS A	THROUGH F ARE CO	NTINUED ON A	SEDADATE SL	IEET DI EACI	CHECK NEDE		
				ILLI, PLEASI	- CHECK HERE		
SIGNATURE (required	5. Meb	green s	Zr. DATE	SIGNED (requir	red):		
Xou	at y			17,	ed): April 26, 200	-	
		~ T110000	***				

### WHAT TO FILE:

After completing all parts of this form, including signing and dating it, send back only the first sheet (pages 1 and 2) for filing.

If you have nothing to report in a particular section, you must write "none" or "n/a" in that section(s).

Facsimiles will not be accepted.

## NOTE:

# **MULTIPLE FILING UNNECESSARY:**

Generally, a person who has filed Form 1 for a calendar or fiscal year is not required to file a second Form 1 for the same year. However, a candidate who previously filed Form 1 because of another public position must at least file a copy of his or her original Form 1 when qualifying.

# FILING INSTRUCTIONS:

### WHERE TO FILE:

If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location.

Local officers/employees file with the Supervisor of Elections of the county in which they permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.)

State officers or specified state employees file with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 3600 Maclay Boulevard, South, Suite 201. Tallahassee, FL 32312.

**Candidates** file this form together with their qualifying papers.

To determine what category your position falls under, see the "Who Must File" Instructions on page 3.

### WHEN TO FILE:

Initially, each local officer/employee, state officer, and specified state employee must file within 30 days of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment.

**Candidates** for publicly-elected local office must file at the same time they file their qualifying papers.

**Thereafter**, local officers/employees, state officers, and specified state employees are required to file by July 1st following each calendar year in which they hold their positions.

Finally, at the end of office or employment, each local officer/employee, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment.